PTO/S8/06 (08-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it office the second of the se Under the Paperwork Reduction Act of 1995, no person

Г	i cicii di ciodilon ree delekmination recibil														ess it displays a valid OMB control number				
Substitute for Form PTO-875														Application or Docket Number					
	CLAIMS AS FILED - PART I													•	7-1-1-			_	
L		. (Column 1) (Column 2)							_	SMALL ENTITY			0	R	OTHER THAN SMALL ENTITY				
L	FOR NUMBER FILED			o l	NUMBER EXTRA				RATE	Т	FEE	7		RATE	Т		_		
BASIC FEE (37 CFR 1.18(a))									1			<u> </u>	7 ~	_	RATE	+	79	$\overline{}$	
	TOTAL CLAIMS (37 CFR 1.16(c)) minus 28.2				20			1	x \$:	_		- "		ļ	+	\divideontimes	_		
	(DEPENDENT CL	AIMS	5	minus	<u></u>				1		+		- · °	₹	× 3	-11	1		
F	ULTIPLE DEPEN			<u> </u>				× \$	-		- ° [₽]	₹	× s	4					
Г						1.16(d))				+\$=	4		OF	₹	+5=				
	• If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL	L		_ OR	!	TOTAL	L	790	,	
	(CLAIMS AS AMENDED - PART II																	
ı		otumn 1)		· (Cotumn 2) (Cotumn 3)								ny OF		OTHER		HAN			
AMENDMEN	1		CLAIMS.		H	GHEST	T		1	SMALI	LEN	ПҮ	٦ [~]	È	SMAL	LEN	ENTITY		
	17/13/6	1 /	MAINING AFTER	ĺ	PRE	NUMBER PREVIOUSLY		ENT RA		RATE	Ι,	ADDI- IONAT	İ	1	RATE	17	ADDI-		
	Total	AME	NDMENT	Minus		DFOR 20	-	-			\perp	F	4	1		\perp	TIONAL FEE		
	(37 CFR 1.16(c)) Independent	+	104.	Minus	-		 			X \$=	4	4_	OR	L	X \$=	\perp			
	(27 CFR 1.16(D))				<u>L</u>	<u> </u>		_		X \$=	1_	4_	OR	·L	X \$=				
_	FIRST PRESEN		+5 -=		1	OR	1	+: =	T	T									
											Т	\mathcal{T}^{-}	OR		TOTAL ADD'L FEE	十	1		
		(Col	lumn 1)		(C	otuma 2)	(Cotum	ın 31 .		ADD'L FEE		1	,	•	ADD L FEE	_	+	-	
X	apoli.		LAIMS JAINING		HiG	HEST MBER	PRESI	— / /	Γ		Т	-	1	Г	•	т	-	4	
ENDMENT	Place	A	FTER NDMENT		PREV	OUSLY OFOR	EXTE			RATE .	T	ONAL		ı	RATE	,	ADDI- KONAL	ı	
	Total (37 CFR 1.16(c))	1	3	Minus		20	-	+	ŀ		╁╌	FEE /		\vdash		 	FEE	4	
	independent (37 CFR 1.15(b))	1	7	Minus	***	ψ		\mathcal{H}	۲	x \$=	╁╌	-+-	OR	Ľ	· \$=	<u> </u>	 	4	
Æ		TATION		A COO IS				\mathcal{H}	ŀ	K \$	╀╌		OR	Ľ		 		⇃	
	FIRST PRESENT	- A11001C	MOCTORE	VEPENDI	ENT CLA	M (37 CF	R 1.16(d))	Ш	_	totál	_	\dashv	OR	_	s_ =	_		┚	
										ODL FEE		\coprod	OR		OTAL DOLFEE			7	
			mn 1)			ımn 2)	(Column	13)				\mathcal{T}						1	
AMENDMENT C	11/20/6	REM	AIMS AINING			BER	PRESE		Γ	RATE	A) 		Γ	RATE			1	
			TER DMENT			FOR	EXTR	^	ı		TK	MAL EE		l	RAIE	TI	ONAL	ı	
	Total (37 CFR 1.18(e))	. 1	5	Minus	- /	0	=	ヿ	1,	\$ ' =	·			一			FEE	┨	
	Independent (37 CFR 1.16(b))	· <	ζ'	Minus	· L	7	=41	7	1	; =	_		OR	ř	200	0	00.00	ł	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))											\dashv	OR	 *	-200 -	- 0 (ŀ	
					0041	. (0.07)	1. lo(u))			OTAL =			OR	+	STAL		-		
* If the entry in column 1 is less than the entry in column 2 write 30 is a second													OR		DOL FEE	800	0.00		
	If the "Highest N" if the "Highest N	umners	Y FRANCISCRI E		и тию	∞	1 AL	BA	ter "	20°.									
	The Silebant the					" UAE B	Less might	a cuie	и J.									į	

The Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.